

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE COPY

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

IMPORTANT: Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Tracey J. Marshall

Political Party

Republican

Office Sought

Cass County Treasurer

District (if Senate or House)

Tracey J. Marshall
SIGNATURE OF TREASURER (or person filing this report)

712-769-2298
TELEPHONE

12-31-02
DATE SIGNED

FORM

DR-2

(Rev. 05/2002)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

17093 A

Indexed

Audited

Computer

sb

FILED
02 DEC 31 PM
12-31-02
Cass

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A DEC. 31 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

Nov 5, 2002

County & Local Committees, enter County in
which Election is held

Cass

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 15.12

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

372.50

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

387.62

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

387.62

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 0

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COPY

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-24-02	ID# CK# 1000	Robert Hazard 801 Linda Dr Atlantic IA 50022		\$ 172.50	
10-24-02	ID# CK# 12432	Jay Hoogewerf 1004 W 84th PO Box 274 Grassland IA 50535		25.00	
11-10-02	ID# CK# 2804	Tracey Marshall 553 G G Nishna Valley Rd Lewis IA 50544	Candidate	100.00	
12-5-02	ID# CK#	Unitemized contributions Misc		25.00	
10-25-02	ID# CK#	Unitemized contributions Fund raiser		50.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$ 372.50	
TOTAL (if last page of this schedule)				\$ 372.50	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

COPY

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 09/97)

MONETARY
EXPENDITURES☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-23-02	ID# CK# 0014	KSAN Northwest Atlantic IA 50022	Advertise	\$172.50
10-24-02	ID# CK# 0015	Ksorn 413 Chestnut Atlantic IA 50022	Advertise	126.00
11-19-02	ID# CK# 0016	Atlantic News Tel 410 Walnut Atlantic IA 50022	Advertising	31.80
12-9-02	ID# 1202 CK#	Rolling Hills Bank Oriswold IA 51535	Checks + charge	35.44
12-26-02	ID# Cash CK#	Cass Co Rep Central 61677 780 ST Committee Anita IA 50020	Republican Party Donation	21.88
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$387.62
TOTAL (if last page of this schedule)				\$387.62

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Marshall for Treasurer

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SCHEDULE

E

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9-20-02	Atlantic News Tel 410 Walnut Atlantic IA 50022	Candidate	Adver	\$ 63.60	
9-20-02	Bonnesons Atlantic IA 50022	"	Signs	6.33	
11-10-02	Atlantic News Tel 410 Walnut St Atlantic IA 50022	"	Adver	63.60	
12-10-02	Antia Tribune Antia IA 50022	"	Adver	16.00	
12-12-02	Griswold American Griswold IA 50535	"	Adver	16.00	

SUB-TOTAL

\$

165.53

TOTAL (If last

\$

page of this
schedule)

165.53

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(for Schedule E)